

Please type or print clearly – Our detectives work **daytime, weekday** hours

Serve-by Date _____

Who is the Plaintiff/Petitioner?

Who is the Defendant/Respondent?

_____ v _____

Party to be Served (for a company, also list name of contact person if you know it):

☐ Name/ _____ Contact @ _____
☐ Company _____ Company _____

Home Address _____ Home # (_____) _____

City/State/ZIP _____ Work # (_____) _____

Employer Name _____ Cell # (_____) _____

Employer Address _____ E-mail _____

City/State/ZIP _____ Date of Birth _____

Social Security # _____ DL# _____

Physical Description

Is there anything more we need to know?

Possible hazards: ☐ guns ☐ knives ☐ dogs ☐ substance abuse ☐ mental illness

Proof of Service and/or questions should be addressed to (*your information*):

Name _____ Home # (_____) _____

Company _____ Cell # (_____) _____

Address _____ Work # (_____) _____

City/State/ZIP _____ E-mail _____

**This information is available in alternative formats upon request.
TDD relay 1-800-833-6388**